

SCC-EC
Update & Overview
State Health Assessment/State Health Improvement Plan
March 22, 2012

Glossary

CHIP	Community Health Improvement Plan	DPHIP	District Health Improvement Plan
DHHS	Department of Health and Human Services	LHD	Local Health Department
LPHSA	Local Public Health System Assessment	MAPP	Mobilizing for Action Planning & Partnerships
PHAB	Public Health Accreditation Board	SHA	State Health Assessment
SHD	State Health Department	SHIP	State Health Improvement Plan
SPHSA	State Public Health System Assessment		

Background

Statutory legislation created in 2009, and amended in 2010, established 8 DHHS public health districts, and one Tribal Health District. This strengthening of the public health infrastructure built on a network of comprehensive health coalitions, accreditation-eligible municipal health departments, and municipal local health officers. It marked Maine's recognition of national public health system performance standards, and started to lay groundwork for accreditation.

A national accreditation body (the Public Health Accreditation Board (PHAB)) was formed to accredit state and local public health departments. PHAB will accredit state and local health departments recognized in statute and regulation. Maine Center for Disease Control and Prevention in DHHS is Maine's official state public health agency. It is this agency, led by the State Health Officer, Dr. Sheila Pinette, that has the ultimate legal responsibility and authority for the health of all the people in Maine. However MCDC accreditation will be judged in part on the basis of the strength of its collaboration with partners and stakeholders at the state, local, and Tribal levels. Maine's entire public health system accepted the challenge not only to work to be the healthiest state in the nation, but to achieve recognition as a high performing public health system.

A high performance state public health system develops a collaborative process that results in a comprehensive state health assessment of the population of the state (1.1.1S). It then assures a comprehensive planning process (5.2.2 S) that would result in the development and implementation of a State Health Improvement Plan (5.2.4S). MAPP is often referenced as a nationally recognized public health improvement planning framework appropriate for a SHIP.

Maine Landscape- *Then & Now*

For the last 8 years, Maine state government through its Governor's Office of Health Policy and Finance, issued a two year State Health Plan. This served primarily as a state government action plan which identified State priorities in policy and allocation of resources for both health care delivery and selected public health issues. With continued support through a new Administration, Maine CDC has reoriented public health improvement planning to a comprehensive population health planning framework using accreditation performance measures as the standard of excellence.

Here a SHIP is conducted every 3-5 years. It is considered a state level assessment and plan developed with state level partners and stakeholders, but is also informed by community health improvement plans developed by LHDs and Tribal health departments.

Components of the SHIP include:

State Health Assessment	(statistical health status data)
State Public Health System Assessment	(numerical results/priorities)
SHD Strategic Plan	(selected elements)
DPHIPs	

Current Snapshot

The SPHSA was conducted in 2009, and a SCC subcommittee is working on follow up.

Participants were composed of a wide variety of multi-sector group of stakeholders, including other state agencies, as well as regional and local key partners from all domains of public health.

The SHA will be informed by the completion of the HM2020, and completed by July 2012.

Data analysis and interpretation will be conducted by an invited group of state and local epidemiology informed stakeholders. The SHA must be widely shared and input sought from partners and stakeholders before finalized.

The SHIP process is in very early stages of development, and has an initial roadmap of tasks identified. Anecdotal recommendations from other states having completed a SHIP are to keep the process structured and manageable. Not all stakeholders can be actively involved from all levels. However, information from CHIPs from HMPs, DPHIPs from DCCs, District LPHSAs, and District representation on the SCC comprise four different processes through which geographic communities will be represented. The proposed date for completing the SHIP is June 2013.

Health equity will also inform the SHA/SHIP planning process, with a particular focus on race/ethnic, low income/education, gender, LGBT, disability and rural populations. Key partners such as the two accreditation-eligible city health departments and the Tribal Health Centers, large and small health systems, higher education and organizations representing different life course populations will weigh in.

SCC's potential contributions to the SHA/SHIP:

- Strengthen the SHD's active promotion of the SHA/SHIP.
- Review and strengthen communication channels so as to inform each member's constituency.
- Strengthen the degree of variety of active participants, particularly in diversity of sectors.
- Participate in a SCC-specific invitation to provide input on the SHA before completion.
- Serve as advisors on selected definitional issues related to the public health system